

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2		1				
3		1				
4						
5		1				
6		1				
7						
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9						
10		1				
11		1				
12						
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18		1				
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21	11	1				
22		1				
23		1				
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49						
50						
TOTAL IND.						
TOTAL DEP.						

	IND	DEP	IND	DEP	IND	DEP
51		1				
52		1				
53		1				
54		1				
55						
56	1	1				
57		1				
58		1				
59		1				
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89						
90						
91	1					
92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.						
TOTAL DEP.						